

Application for Membership in the European Association of Payment Service Providers for Merchants – EPSM

Please return a signed and scanned copy by e-mail (as pdf) to: office@epsm.eu

Short Name: _____

Full Legal Name: _____

Street, No.: _____

ZIP- City: _____

Country: _____

I / We hereby apply to become member of the “European Association of Payment Service Providers for Merchants - EPSM e.V.”, Ludwigstr. 8, 80539 Munich, Germany, registered at Amtsgericht München, VR 18893, according to the current EPSM by-laws and membership fee rules that I have received (also available on the EPSM website). The annual membership fee is currently 1,600.00 Euro per year. I / we agree that the membership can be published by the EPSM. The application is endorsed by two EPSM members. The membership becomes valid after confirmation by an EPSM board member by e-mail, is a continuous membership and is valid until cancelled in writing (including e-mail) by either side.

For a full membership with voting rights:

I / We hereby certify that more of 50% of our sales revenues in the last financial year have been generated with payment and supporting services billed to merchants.

I / We hereby authorize the following persons until further written notice to act on behalf of our organisation in all matters concerning the EPSM (with name and function in the organization):

Representative 1: _____ Function: _____

Representative 2 _____ Function: _____

Optional:
Representative 3: _____ Function: _____

On request, the persons will identify themselves to the EPSM-board by a passport or an ID card.

Date, authorised signature(s): _____
(according to the legal registry)

Name(s) in capital letters: _____

Enclosures:

- a) EPSM Contact Form
- b) Copy of the Legal Registry Entry of the Applicant
- c) Company Profile (for distribution to other EPSM members)

Enclosures:

a) **EPSM Contact Form** (can be send also separately in MS Excel- or MS Word-format)

Organisation (Short Name)	
Status ("voting" or "non-voting")	
Representative 1 : Name Position (function/job title) E-mail Tel.	
Representative 2: Name Position (function/job title) E-mail Tel.	
optional: Representative 3 Name Position (function/job title) E-mail Tel.	
Billing Address: Full Legal Name (billing address) Billing Name 2 (billing address) Street, No. (billing address) ZIP - City (billing address) Country (billing address)	
Web page (web page of the member)	
Main Activity (e.g. acquirer, internet PSP)	

Separate Enclosures:

b) **Copy of the Legal Registry Entry of the Applicant**
(showing also, who is authorized to sign this EPSM application)

c) **Company Profile (for distribution to other EPSM members)**
in pdf-format